

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

New Millennium PAC

ADDRESS (number and street)

P.O. Box 632

☐Check if different  
than previously  
reported. (ACC)

Union City

NJ

07087

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00349233

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2007

through

08

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Abraham Antun

Signature of Treasurer

Electronically Filed by Abraham Antun

Date

10

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
New Millennium PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y</span> <span>2007</span>		38358.48
(b) Cash on Hand at Beginning of Reporting Period .....	65532.89	
(c) Total Receipts (from Line 19) .....	18079.89	70637.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	83612.78	108995.54
7. Total Disbursements (from Line 31) .....	6466.77	31849.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	77146.01	77146.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name  
New Millennium PAC

Report Covering the Period:

From:

M M D D Y Y W Y  
0 8 0 1 2 0 0 7

To:

M M D D Y Y W Y  
0 8 3 1 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2565.57	21565.57
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2565.57	21565.57
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	15500.00	49000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	18065.57	70565.57
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	14.32	71.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18079.89	70637.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18079.89	70637.06

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	6466.77	16849.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	6466.77	16849.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	15000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6466.77	31849.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6466.77	31849.53

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	18065.57	70565.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18065.57	70565.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6466.77	16849.53
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6466.77	16849.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 15

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tonio Burgos		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 4 / 2 0 0 7
Mailing Address 206 Shearwater Ct W Apt 53		<b>Transaction ID:</b> C1570
City Jersey City	State NJ	Zip Code 07305-5420
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1565.57
Name of Employer Tonio Burgos & Assoc., LLC	Occupation Government Relations Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1565.57	
		* In-Kind: Catering

<b>B.</b> Full Name (Last, First, Middle Initial) James Free		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7
Mailing Address 1401 K Street, NW Suite 1200		<b>Transaction ID:</b> C1552
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Smith-Free Group	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Kauders		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address 1735 New Hampshire Avenue , NW #202		<b>Transaction ID:</b> C1554
City Washington	State DC	Zip Code 20009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer The Podesta Group	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

3565.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Millennium PAC

A. Full Name (Last, First, Middle Initial)

Ignacio Sanchez

Mailing Address 11525 Lake Potomac Drive

City State Zip Code  
Potomac MD 20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piper Rudnick

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C1560

Amount of Each Receipt this Period

-1000.00

Bounced Check

SUBTOTAL of Receipts This Page (optional) .....

-1000.00

TOTAL This Period (last page this line number only) .....

2565.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Millennium PAC

A. Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing  
federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 7

Transaction ID: C1557

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)

Greenberg Traurig, PA PAC

Mailing Address 1221 Brickell Avenue

City State Zip Code  
Miami FL 33131

FEC ID number of contributing  
federal political committee. **C** C00266585

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: C1559

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)

International Longshoremen's Assn COPE

Mailing Address 17 Battery Place

City State Zip Code  
New York NY 10004

FEC ID number of contributing  
federal political committee. **C** C00158576

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: C1558

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 15

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

New Millennium PAC

**A.** Full Name (Last, First, Middle Initial)  
Microsoft Corporation Political Action Committee

Mailing Address 16011 NE 36TH WAY

City State Zip Code  
Redmond WA 98073

FEC ID number of contributing  
federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 7

Transaction ID: C1556

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
U.S.-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address 1200 West 49th Street

City State Zip Code  
Hialeah FL 33012

FEC ID number of contributing  
federal political committee. **C** C00387720

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 7

Transaction ID: C1555

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

15500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

Full Name (Last, First, Middle Initial)

**A.** Tonio Burgos

Mailing Address 206 Shearwater Ct W  
Apt 53

City Jersey City State NJ Zip Code 07305-5420

Purpose of Disbursement  
In-Kind: Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D2024**

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2007

Amount of Each Disbursement this Period

1565.57

\* in-kind received

Full Name (Last, First, Middle Initial)

**B.** Ceridian

Mailing Address PO Box 2021

City Pine Brook State NJ Zip Code 07058

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D1974**

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2007

Amount of Each Disbursement this Period

22.85

Full Name (Last, First, Middle Initial)

**C.** Ceridian

Mailing Address PO Box 2021

City Pine Brook State NJ Zip Code 07058

Purpose of Disbursement  
Payroll Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: D2002**

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2007

Amount of Each Disbursement this Period

116.85

**SUBTOTAL** of Disbursements This Page (optional) .....

1705.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A. Ceridian</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2021 City Pine Brook State NJ Zip Code 07058 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1989</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 7 Amount of Each Disbursement this Period 22.85
<b>B. Ceridian</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2021 City Pine Brook State NJ Zip Code 07058 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1994</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period 22.85
<b>C. Evans &amp; Katz LLC</b> Full Name (Last, First, Middle Initial) Mailing Address 1831 Bay Street SE City Washington State DC Zip Code 20003 Purpose of Disbursement Accounting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1993</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7 Amount of Each Disbursement this Period 750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

795.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

Full Name (Last, First, Middle Initial)

**A.** Tiffani Llerandi

Mailing Address 2602 Tremley Pt. Rd.

City Linden State NJ Zip Code 07036

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D1975**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.33

Full Name (Last, First, Middle Initial)

**B.** Tiffani Llerandi

Mailing Address 2602 Tremley Pt. Rd.

City Linden State NJ Zip Code 07036

Purpose of Disbursement  
Travel Reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D1982**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.67

Full Name (Last, First, Middle Initial)

**C.** Tiffani Llerandi

Mailing Address 2602 Tremley Pt. Rd.

City Linden State NJ Zip Code 07036

Purpose of Disbursement  
Salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: D1990**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

104.34

**SUBTOTAL** of Disbursements This Page (optional) .....

261.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Tiffani Llerandi		<b>Transaction ID:</b> D1995 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>	
Mailing Address 2602 Tremley Pt. Rd.		<b>Amount of Each Disbursement this Period</b> <div>104.35</div>	
City Linden State NJ Zip Code 07036	Purpose of Disbursement Salary Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b> Full Name (Last, First, Middle Initial) Occasions Caterers		<b>Transaction ID:</b> D1980 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 7 / 2 0 0 7</div> </div>	
Mailing Address 5458 3rd Street, NE		<b>Amount of Each Disbursement this Period</b> <div>2394.49</div>	
City Washington State DC Zip Code 20011	Purpose of Disbursement Catering Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b> Full Name (Last, First, Middle Initial) Perkins Coie LLP		<b>Transaction ID:</b> D1992 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 7</div> </div>	
Mailing Address 1201 Third Avenue 40th Floor		<b>Amount of Each Disbursement this Period</b> <div>148.00</div>	
City Seattle State WA Zip Code 98101	Purpose of Disbursement Legal Services Candidate Name	<div>Category/Type</div>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Disbursements This Page (optional) .....

**2646.84**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
New Millennium PAC

<b>A. Verizon</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 4890 City Trenton State NJ Zip Code 08650 Purpose of Disbursement Telephone Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1991</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2007 Amount of Each Disbursement this Period 114.13
<b>B. American Express</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1270 City Newark State NJ Zip Code 07101-1270 Purpose of Disbursement Credit Card Payment - See Below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1981</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2007 Amount of Each Disbursement this Period 912.54
<b>C. Amtrak</b> Full Name (Last, First, Middle Initial) Mailing Address 60 Massachusetts Ave., N.E. City Washington State DC Zip Code 20002 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: D1986</b> Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2007 Amount of Each Disbursement this Period 470.00 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

1026.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Millennium PAC

Full Name (Last, First, Middle Initial)

**A.** Washington Court Hotel

Mailing Address 525 New Jersey Avenue, NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Lodging

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D1987

Date of Disbursement

/   /

Amount of Each Disbursement this Period

292.51

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

6435.82